

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

Varnish! Michigan Grant REQUEST FOR PROPOSALS

Issued by:

Michigan Department of Community Health
Bureau of Family, Maternal and Child Health
Division of Child and Family Health
Oral Health Program

Phone: (517-373-3624)
Fax: (517-335-8294)

Notification of Intent to Apply Due:	October 23, 2007
Proposals Due:	October 30, 2007
Copies Required:	Signed Original plus 2 copies
Award Notification:	November 16, 2007

Instructions for Completing the Grant Application

This abbreviated Varnish! Michigan Grant Application was created specifically for public, nonprofit and profit entities to initiate a dental screening and fluoride varnish program to as many as possible Early Head Start and Head Start children in the state of Michigan and encourage access to dental care for these children. Programs will be reimbursed from a generous donation of \$250,000 from Delta Dental of Michigan. Emphasis will be targeted to the Early Head Start children to encourage early prevention in the cessation of dental decay.

Grant Proposal

Applicants may submit only one Abbreviated Application to initiate a Dental Screening and Fluoride Varnish Program to Early Head Start and/or Head Start Children in the state of Michigan. The application can include either Early Head Start, Head Start, or both Early Head Start and Head Start.

The priority will be for Early Head Start children, ages 0-3 where the program meets all the application's criteria. Two dental screenings and four applications of fluoride varnish are expected to be provided by September 30, 2007, for Early Head Start. **Reimbursement will be at \$6.00 per application of fluoride varnish per child (\$6.00 x 4).**

Funding also will be available for Head Start children, ages 3-5. Two dental screenings and two applications of fluoride varnish are expected to be provided by September 30, 2007, for Head Start. **Reimbursement will be at \$6.00 per application of fluoride varnish per child (\$6.00 x 2).**

All terms, conditions and limitations specified in the Abbreviated Grant Application will be reviewed and scored according to relevant review criteria described in **Selection Criteria** on page 11.

Instructions for Grant Proposal Submission

Applicants should review all included materials and selection criteria.

Notification of Intent to Apply Due: October 23, 2007
Completed Applications Due: October 30, 2007 by 5:00 p.m

Applications should be typed or clearly printed and submitted to:

MDCH - FCH
Oral Health Program
Attn: Susan Deming, R.D.H., B.S.
Education and Fluoridation Coordinator
109 W. Michigan Ave.
Washington Sq. Bldg 4th Fl.
Lansing, MI 48913

Phone: (517) 373-3624 Fax: (517) 335-8697 or 8294
E-Mail: demings@michigan.gov

Applicants are responsible for the timely receipt of their proposal. **PROPOSALS RECEIVED AFTER THIS DATE AND TIME WILL NOT BE CONSIDERED. E-MAIL OR FAXED RESPONSES WILL NOT BE ACCEPTED.**

BACKGROUND AND PURPOSE

The Michigan Department of Community Health (MDCH) Oral Health Program is offering a grant to initiate a Dental Screening and Fluoride Varnish Program to the largest possible number of Early Head Start and Head Start Children in the state of Michigan. Through this grant, you will be able to provide dental screenings and fluoride varnish to Michigan's Early Head Start and Head Start children.

Collection of dental health data through the dental screenings will be used to determine the decay prevalence of Early Head Start and Head Start children and assist the MDCH to promote future dental health programs. The application of fluoride varnish on this very young population can significantly reduce dental disease in this group. National and international studies demonstrate a 40-75% reduction in dental caries with the application of fluoride varnish. Finding this group of children a "dental home" for future dental care needs and providing oral health education to parents and Head Start staff will be a focus of the grant.

Funding for the grant is made possible through a generous contribution from Delta Dental Plans of Michigan. The grant awards are available on a quarterly basis until September 30, 2008.

The grants are designed as an incentive to initiate a dental screening and fluoride varnish program to these Early Head Start and Head Start children with the expectation that, once established, the programs can be sustainable through the billing of services through Medicaid, other third party payers or community-based efforts.

ELIGIBLE APPLICANTS

- Public and nonprofit organizations such as health departments, dental clinics, dental or dental hygiene schools;
- Dental and dental hygiene components; and
- Private dental offices or entities.

AVAILABILITY OF FUNDING

Awards are contingent upon availability of funds. The number of grants to be awarded will be determined by the number of proposals received and the amount of funds requested. Award amounts will be based on a \$6.00 per application reimbursement schedule. (Please refer to the Funding Estimate Worksheet found later in this RFP. This completed Worksheet must be included with your final proposal.)

Awards will be made quarterly. Applicants will be notified of award decisions by November 16, 2007.

After the dates to provide the dental screening/fluoride varnish program have been established with each Early Head Start and Head Start group for the duration of this program, funds are to be dispensed on a quarterly basis. Reimbursement will be contingent upon MDCH receiving data collected from each grantee. Prior to the third quarter of the funding cycle, balances will be readjusted (decreased or increased) based on program reports and projected needs.

Any funds received by the recipient of the award but not spent for this specific purpose must be returned to the Michigan Department of Community Health. In submitting the application, the applicant assures that funds will be used exclusively for the intended program with Early Head Start and Head Start groups. The MDCH will not assume any responsibility or liability for costs incurred by the recipient of the award prior to the signing of an agreement. Funds will be set-aside for an independent analysis, contracted at the discretion of MDCH to evaluate the relative merits of all programs funded.

CONTRACTOR RESPONSIBILITIES

The award recipient will be required to assume responsibility for all contractual activities offered in the proposal whether or not that recipient performs them. If any part of the program is to be provided by persons other than the recipient, responses to the RFP must include a list of these persons, including name, address, organization, credentials and services to be provided. The state will consider the selected award recipient to be the sole-point-of-contact with regard to program matters, including payment of any and all charges resulting from the award.

REIMBURSEMENT MECHANISM

All award recipients must sign-up through the on-line vendor registration process to receive all State of Michigan payments in the form of Electronic Funds Transfers (direct deposits), as mandated by PA 533 of 2004. Vendor registration information is available through the Department of Management and Budget's web site: <http://www.cpexpress.state.mi.us/>

DISCLOSURE OF PROPOSAL CONTENTS

All information in an applicant's proposal is subject to disclosure under the provisions of Public Act No. 442 of 1976, known as the "Freedom of Information Act." This act also provides disclosure of contracts and attachments thereto.

ISSUING OFFICE

This Request for Proposals (RFP) is issued by the Michigan Department of Community Health's Oral Health Program, hereafter known as MDCH or the Department. The issuing office is the sole-point-of-contact for persons/organizations who are considering preparing responses to this RFP. The award will be made to the bidder(s) who most successfully meet the criteria of the RFP, up to the total amount of funds available within the funding level stipulated.

USE OF FUNDS

Funds available under this announcement for the Varnish! Michigan Grant should be primarily used for costs involved with purchasing materials for the Dental Screening and Fluoride Varnish Program such as forms to be used, fluoride varnish, infection control supplies and personnel costs. Funds may not be used to supplant funds for existing programs.

Any funds received by the recipient of the award but not spent for the specific purpose must be returned to the Michigan Department of Community Health (MDCH). In submitting the application the applicant assures that funds will only be used for the intended program. The MDCH will not assume any responsibility or liability for costs incurred by the recipient of the award prior to the signing of an agreement. Funds will be set-aside at the discretion of MDCH for an independent analysis of program expenses, staffing and operating expenses of funded programs. Relative merits of all programs funded will be evaluated.

USE OF PRIVATE INSURANCE

Make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report these as outlined by the Department's fiscal procedures. Any under recoveries of otherwise available fees resulting from failure to bill for eligible services will be excluded from reimbursable expenditures.

QUESTION AND ANSWER PERIOD

A proposal conference will not be held. Questions may be submitted electronically until **Oct 22, 2007**. E-mail responses will be prepared and sent to all parties who have submitted a letter of intent. To expedite the answers, include your fax number and e-mail address with your letter of intent.

Letters of Intent must be received by October 23, 2007.

SPECIFICATIONS

All proposals must address or comply with the following specifications:

- Applicants must determine the number of Early Head Start and/or the number of Head Start children that they could reasonably provide the Dental Screening and Fluoride Varnish Program to until September 30, 2008. To obtain available Early Head Start and Head Start populations by region, contact: Susan Deming at MDCH: ph: 517 373-3624; e-mail: demings@michigan.gov.
- Please provide a list of the Early Head Start and Head Start Centers you will be servicing.
- Applicants must state their proposed procedures for providing the dental screenings and fluoride varnish in regard to :
 - ✓ Identifying who will be providing the dental screenings and fluoride varnish (Dentist, PA 161 Dental Hygienist, Dentist-Dental team, Physician, Registered Nurse);
 - ✓ Defining infection control procedures;
 - ✓ Developing and implementing a dental education plan for Early Head Start and Head Start staff and parents or primary caregivers;
 - ✓ Utilization of a caries risk assessment plan: (The Caries-risk Assessment Tool developed by the American Academy of Pediatric Dentistry is recommended);
 - ✓ Utilization of MDCH parental permission/survey, screening form, and data report form; and
 - ✓ Identifying a dental care facility that the children will be referred to for continued dental care (a dental home).
- Every child in the Early Head Start or Head Start group must be given the same opportunity for a dental screening and fluoride varnish application, regardless of ability to pay, Medicaid or insurance status.
- Early Head Start children with parental permission will receive two (2) dental screenings, one at the first varnish application and one at the fourth varnish application. Four (4) fluoride varnish applications will be provided by September 30, 2008.
- Head Start children with parental permission should receive two (2) dental screenings, one at the first fluoride varnish application and one at the second fluoride varnish application. Two (2) fluoride varnish applications will be provided by September 30, 2008.
- The Caries-risk Assessment Tool developed by the American Academy of Pediatric Dentistry or a similar caries risk assessment must be incorporated into your program. It should be reviewed

at each visit with each primary caregiver, if possible.

- Dental health care education must be a part of the program addressed to the primary caregiver and the Early Head Start and Head Start staff.

Providers/Clinicians must participate in caries risk assessment, screening, and fluoride varnish training from MDCH. Three training sessions will be made available geographically after recipients have been notified.

- Performance measures must be evaluated according to the workplan on a quarterly basis
- Data report forms and workplan performance measures must be submitted to the MDCH quarterly

The MDCH-issued survey, screening forms and data report forms must be returned to MDCH quarterly. Site evaluations of the project by MDCH should be expected.

- Applicants must identify linkages to a dental care facility. Collaboration and support letters from the dental care facility showing linkages with a “dental home” must be included with your proposal.
- The completed Funding Estimate Worksheet must be included with your final proposal.
- Proposals must be directed at servicing the Michigan Early Head Start and Head Start Children.
- Proposals must address all requirements and specifications of this RFP.

DIRECTIONS FOR COMPLETING THE APPLICATION

I. Cover Sheet

A. Project Title: Enter name of project.

B. Amount of Requested

C. Name of Applicant Organization: Enter name of the applicant organization. Enter the name and title of the person officially authorized by the applicant organization to enter into agreements (usually chief administrative officer). Enter the mailing address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.

D. Contact Person: Enter the name and title of the contact person who will be responsible for overseeing the project. Enter the mailing address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.

E. Legal Status of Organization (*check only one response*): Check only the box that applies and attach a copy of requested Internal Revenue Service materials.

F. Federal Tax Identification Number: Enter Federal Tax Identification Number (also known as Federal Employer Number) as assigned by the Internal Revenue Service.

G. Authorizing Entity: An official authorized to bind the applicant organization to its provisions

must sign the original proposal in ink. Print name and enter date of signature.

II. Proposal

- A. Needs Statement:** Include requested information.
- B. Program Description/Workplan:** Attach the included Workplan form. State project goals in the space provided. List objectives, activities, outcomes and the quarter in which the objectives will be accomplished in the appropriate columns. Include persons responsible.
- C. Funding Estimate Worksheet:** Attach the included Funding Estimate Worksheet. Make sure all totals are included. Please include a list of the Early Head Start and Head Start Centers you will be servicing.
- D. Community Involvement, Collaboration, and Coordination:** Include all requested information and letters of support.
- E. Innovative Methods for Education of Early Head Start and Head Start staff and Parents and primary caregivers:** Include requested information.
- F. Experience and Qualifications:** Include requested information.
- G. Project Sustainability:** Include requested information.
- H. Outcome Measures and Evaluation:** Include requested information.
- I. Budget Narrative:** Include requested information.
- J. Budget Summary and Program Budget Cost Detail Schedule:** Using the Budget Completion Instructions included in this RFP (see attachment), please complete both budget forms: DCH-0385 (Budget Summary) and DCH-0386 (Program Budget Cost Detail Schedule). On Attachment B.1 fill in line 15, "OTHER" with # of applications of varnish X \$6.00.
If you would like a copy of the forms e-mailed to you, either in Word or Excel format, please contact Susan Deming at demings@michigan.gov. Budget forms should reflect the proposed costs of the projected period. Attach the forms to the application.
- K. Overall Quality of the Project:** Include requested information.

III. Narrative Guidelines

- A. Format:** Please submit in single spaced, 12 point font. For charts, graphs, footnotes and budget tables, applicants may use a different pitch or size font, not less than 10 pitch or size font. However, it is vital that when scanned and or reproduced, the charts are still clear and readable.
- B. Paper Size and Margin:** The application must be printed on an 8 ½" X 11" white paper. Margins must be at least one inch. Please left-align text.
- C. Page Numbering:** Please number all pages, beginning with the Title Page as page 1.
- D. Page limit:** Page limit is 10-15 pages; the Title Page, Cover Sheet, Funding Worksheet, Work Plan, Program Budget and Letters of Support are not included in the page limit

**VARNISH! MICHIGAN GRANT APPLICATION FOR
EARLY HEAD START AND HEAD START CHILDREN IN MICHIGAN**

Cover Sheet

(type or print)

Project Title:

Amount of Request: \$ _____ *Attach Funding Estimate Worksheet*

Name of Applicant Organization:

Authorized Official:

Title: _____

Mailing Address:

City: _____ County: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

E-mail Address: _____

Contact Person:

Title: _____

Mailing Address:

City: _____ County: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

E-mail Address:

Legal Status of Organization (*check only one response*):

☐ Public Agency/Unit of Government

☐ Private, NonProfit Entity (*attach copy of IRS 501(C)(3) or other legal document verifying status*)

☐ Private Dental Office

☐ Private Entity

Federal Tax ID Number: _____

Authorizing Entity: I hereby affirm my authority and responsibility for the use of all staff, equipment, supplies and educational training described in this application.

Authorized Individual (*Signature*)

Printed Name

Date: _____

SELECTION CRITERIA

- A. Needs Statement (20 points):** The needs statement is a concise, descriptive statement identifying the needs to be addressed by the project. Applicants must determine the number of Early Head Start and Head Start children in their area they can reasonably provide dental screenings and fluoride varnish to by September 30, 2008. Applicants will want to provide information as to the specific dental care needs of this target group, how reduction in dental caries and access to dental care will be impacted with this program. The number of dental care providers per Head Start population in the applicant's area must be determined. Specifically, the application should explain why the request is being made, what needs the request will impact, and why the needs are not being met with current resources. Need for the program should be supported by local and/or state data.
- B. Program Description/Workplan (15 points):** Applicants must complete the *Workplan* page that is attached by stating the project's goals, objectives, activities, performance measures, the time frame the project will use and the person(s) who will carry out the project. The project goal should be a broad statement of purpose. Project objectives should be time limited and measurable. Project activities should indicate how the dental screenings, education and fluoride varnish application will be provided. Performance measures should indicate how this project will be evaluated on a quarterly schedule. The time frame should include projected dates that the program will be utilized remembering that the Early Head Start children receive four (4) applications of varnish in the program period and Head Start children receive two (2) applications. The person(s) responsible would be the name of the person(s) who will be carrying out this project.
- C. Funding Estimate Worksheet (5 points):** Applicants must complete the *Funding Estimate Worksheet* page that is attached by estimating the number of Early Head Start children and Head Start children that could reasonably be seen in the program period. Estimate the number of fluoride varnishes to be provided by multiplying the number of Early Head Start children by four (4) and the number of Head Start children by two (2). Estimate the total number of varnish applications to be provided in the period for this program. Determine the estimated reimbursement generated from your fluoride varnish program by multiplying the number of fluoride varnish applications by \$6.00 for the MDCH grant, and any Medicaid or other reimbursement. Subtract estimated expenses, then give a final estimated reimbursement total generated from your program.
- D. Community Involvement, Collaboration, Coordination (10 points):** Proposals that demonstrate a collaborative community effort through significant involvement of agencies such as Early Head Start, Head Start centers, local health departments, local dental offices, schools, community health centers and local dental and dental hygiene associations will receive higher scores. Coordination among involved agencies will also be evaluated. Letters to support collaboration must be attached.
- E. Innovative Methods (20 points):** Describe the innovative nature of the project. Describe the target population and how the proposal specifically addresses:
- Education of Early Head Start and Head Start staff and parents
 - Use of MDCH data collection and caries risk assessment
 - Application of the fluoride varnish
 - Referrals to dental care facilities
- F. Experience and Qualifications (10 points):** Special consideration will be given to applicants with previous experience with Early Head Start children and/or children of this young age group. Those applicants who can provide for the most Early Head Start and Head Start children will be given preference. Experience in the provision of oral health services to Medicaid recipients should be stated. Experience in providing oral health education should be noted.

- G. Project Sustainability (15 points):** The proposal must demonstrate the capacity to sustain services beyond the term of the contract. Applicants must show how they can continue a fluoride varnish program to Early Head Start and Head Start children without MDCH funds.
- H. Outcome Measures and Evaluation (15 points):** List the project's outcomes on the *Workplan* that is attached. Describe what major outcomes are expected as a result of the project. Outcomes should quantify the proposed expected change that the project intends to accomplish. Describe how the project will be monitored, evaluated and reported to MDCH. Performance measures should indicate how this project will be evaluated on a quarterly schedule. For example: Based on MDCH screening and survey forms returned, the number of children provided for, the number of parents provided dental education, the number of referrals, and the number of children receiving dental restorative care.
- I. Budget Narrative and Summary (15 points):** Identify the amount of funds requested and any cost sharing among partners. Be sure to include all funds necessary to support the proposed project. (Descriptions should correspond with information submitted on the DCH 0385 form). Identify the project's fiduciary. Complete and attach the DCH 0385 and DCH 0386 forms. On Attachment B.1 fill in the "OTHER" section, line 15, with the # of varnish applications by \$6.00. Funds available under this announcement should be used only for the dental screening/fluoride varnish program. Funds may not be used to supplant existing projects.
- J. Overall Quality of the Proposal (10 points):** Proposals must demonstrate effective, efficient, and sustainable fluoride varnish programs to Early Head Start and Head Start children in Michigan that will lead to reduced caries in this population. A quality proposal should include plans to find these children a "dental home" and provide dental education for Early Head Start and Head Start staff and parents or guardians.

Varnish! Michigan
Work Plan

State the overall goal of the project, and list objectives, activities, outcomes and the quarter in which the objectives are expected to be completed in the appropriate column.

Project Goal: _____ _____			
Objectives/ Activities	Performance Measure	Time Frame /Outcome	Person Responsible

Varnish! Michigan Funding Estimate Worksheet Example Page

This MDCH grant is reimbursed at \$6.00 per application of fluoride varnish per child during a 12-month period.

Total Estimated Number of Early Head Start Children:	80
Multiplied by the Number of Fluoride Varnish Applications Each Child Receives:	<u>x 4</u>
Total Fluoride Varnish Applications:	320

Total Estimated Number of Head Start Children:	530
Multiplied by the Number of Fluoride Varnish Applications Each Child Receives:	<u>x 2</u>
Total Fluoride Varnish Applications:	1,060

Fluoride Varnish Application for Early Head Start Children:	320
Fluoride Varnish Application Applications for Head Start Children:	<u>+1,060</u>
Grand Total of Fluoride Varnish Applications:	1,380

Estimated reimbursement generated from your fluoride varnish program.

Number of Fluoride Varnish Applications:	1,380
MDCH Grant Reimbursement per Fluoride Varnish Application:	<u>x \$6</u>
Total MDCH Grant Reimbursement:	\$8280

Number of Fluoride Varnish Application Applications for Early Head Start Children:	320
*Medicaid Reimbursement for Head Start Children, 0-2 years old, per Application:	<u>x \$9</u>
Total Medicaid Reimbursement:	\$2,880

Number of Fluoride Varnish Application Applications for Head Start Children:	320
*Medicaid Reimbursement for Head Start Children, 3-5 years old, per Application:	<u>x</u>
Total Medicaid Reimbursement:	\$14,023.80

\$13.23

Other Estimated Billable Reimbursement (<i>please specify</i>):	
*Health Kids Dental:	<u>unknown</u>
*Private Insurance:	<u>unknown</u>
Estimate:	\$500.00

ESTIMATED REIMBURSEMENT FROM THE FLUORIDE VARNISH PROGRAM:	\$24,303.80
SUBTRACT ESTIMATED EXPENSES:	<u>- 2,760.00</u>
TOTAL ESTIMATED REIMBURSEMENT:	\$21,543.81

* If a Medicaid provider please reference the Medicaid Manual for additional specifics on screenings and prophylaxis prior to a fluoride varnish application.

Varnish! Michigan
Funding Estimate Worksheet

(Please include with the final proposal.)

This MDCH grant is reimbursed at \$6.00 per application of fluoride varnish per child during a 12-month period.

Total Estimated Number of Early Head Start Children: _____
Multiplied by the Number of Fluoride Varnish Applications Each Child Receives: x _____
Total Fluoride Varnish Applications: _____

Total Estimated Number of Head Start Children: _____
Multiplied by the Number of Fluoride Varnish Applications Each Child Receives: x _____
Total Fluoride Varnish Applications: _____

Fluoride Varnish Application for Early Head Start Children: _____
Fluoride Varnish Application Applications for Head Start Children: + _____
Grand Total of Fluoride Varnish Applications: _____

Estimated reimbursement generated from your fluoride varnish program.

Number of Fluoride Varnish Applications: _____
MDCH Grant Reimbursement per Fluoride Varnish Application: x _____
TOTAL MDCH GRANT REIMBURSEMENT: _____

Fluoride Varnish Application Applications for Early Head Start Children: _____ Number of _____
*Medicaid

Reimbursement for Head Start Children, 0-2 years old, per Application: x _____
Total Medicaid reimbursement: _____

Number of Fluoride Varnish Application Applications for Head Start Children: _____
*Medicaid Reimbursement for Head Start Children, 3-5 years old, per Application: x _____
Total Medicaid reimbursement: _____

Other Estimated Billable reimbursement (please specify): _____
*Health Kids Dental: _____
*Private Insurance: _____

Estimate: _____

ESTIMATED REIMBURSEMENT FROM THE FLUORIDE VARNISH PROGRAM: _____
SUBTRACT ESTIMATED EXPENSES: - _____
Total Estimated Reimbursement: _____

* If a Medicaid provider please reference the Medicaid Manual for additional specifics on screenings

MDCH Fluoride Varnish Program 5-31-07 Request for Proposals page 14 of 14

List of Early Head Start and Head Start Centers

Name of Center: _____ Address: _____ County: _____ # of Children: _____

[illegible]

PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger
Use WHOLE DOLLARS Only

PROGRAM			DATE PREPARED		Page	Of
CONTRACTOR NAME			BUDGET PERIOD From To:			
MAILING ADDRESS (Number and Street)			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT ►		AMENDMENT #	
CITY	STATE	ZIP CODE	FEDERAL ID NUMBER			
EXPENDITURE CATEGORY					TOTAL BUDGET (Use Whole Dollars)	
1. SALARIES & WAGES						
2. FRINGE BENEFITS						
3. TRAVEL						
4. SUPPLIES & MATERIALS						
5. CONTRACTUAL (Subcontracts/Subrecipients)						
6. EQUIPMENT						
7. OTHER EXPENSES						
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)	\$0	\$0	\$0	\$0		
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES	\$0	\$0	\$0	\$0		

SOURCE OF FUNDS

11. FEES & COLLECTIONS				
12. STATE AGREEMENT				
13. LOCAL				
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING	\$0	\$0	\$0	\$0

AUTHORITY: P.A. 368 of 1978
COMPLETION: Is Voluntary, but is required as a condition of funding

The Department of Community Health is an equal opportunity employer, services and programs provider.

PROGRAM BUDGET – COST DETAIL SCHEDULE

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger
Use WHOLE DOLLARS Only

Page of

PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
CONTRACTOR NAME		BUDGET AGREEMENT ORIGINAL AMENDMENT		AMENDMENT #
1. SALARY & WAGES POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
1. TOTAL SALARIES & WAGES:		0	\$ 0	
2. FRINGE BENEFITS (Specify)				
FICA	LIFE INS.	DENTAL INS.	COMPOSITE RATE	
UNEMPLOY INS.	VISION INS	WORK COMP.	AMOUNT 0.00%	
RETIREMENT	HEARING INS.			
HOSPITAL INS.	OTHER (specify) _____		2. TOTAL FRINGE BENEFITS:	\$0
3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
3. TOTAL TRAVEL:				\$0
4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)				
4. TOTAL SUPPLIES & MATERIALS:				\$0
5. CONTRACTUAL (Specify Subcontracts/Subrecipients)				
Name	Address	Amount		
5. TOTAL CONTRACTUAL:				\$0
6. EQUIPMENT (Specify items)				
6. TOTAL EQUIPMENT:				\$0
7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)				
7. TOTAL OTHER:				\$0
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 0
9. INDIRECT COST CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total	\$ 0	
		Rate #2: Base \$0 X Rate 0.0000 % Total	\$ 0	
		9. TOTAL INDIRECT EXPENDITURES:	\$ 0	
10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 0
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding				
DCH-0386 (E) (Rev 2-07) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				